SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	: 1	70 OF	: ;	340
(check only one)									
×	11a		11b		11c		12		
	13		14		15		16		17

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NAME OF COMMITTEE (In Full) CA Hospital Association PAC	C-Fed Spons by CA Assn of Hospita	ls & Health Systems (CAHHS)		
Full Name (Last, First, Middle Initial) A. Gerald Kozai		Date of Receipt		
Mailing Address 3630 East Imperial Highwa	09 20 2013			
City	State Zip Code	Transaction ID : INCA11382		
Lynwood	CA 90262	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	312.50		
Name of Employer	Occupation	-		
St. Francis Medical Center	President			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General Other (specify) ▼	1250.00			
Full Name (Last, First, Middle Initial) 3. Adrienne Laurent	·	Date of Receipt		
Mailing Address 450 East Romie Lane		09 20 2013		
City	State Zip Code	Transaction ID : INCA11380		
Salinas	CA 93901	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	50.00		
Name of Employer	Occupation	1		
Salinas Valley Memorial Healthcare Sys	Senior Administrative Director, Market			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General Other (specify) ▼	400.00			
Full Name (Last, First, Middle Initial) C. Thomas Mone	1	Date of Receipt		
Mailing Address 221 South Figueroa Stree Suite 500		09 20 2013		
City	State Zip Code	Transaction ID : INCA11383		
Los Angeles	CA 90012	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1500.00		
Name of Employer	Occupation	-		
OneLegacy	Chief Executive Officer/Executive Vice			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	1500.00			
SUBTOTAL of Receipts This Page (optional)	1862.50		
TOTAL This Period (last page this line number	per only)			